



**NORTHERN
ASSOCIATION
OF COMMUNITY
COUNCILS**

Northern Healthy Foods Initiative

9-395 Berry St., Winnipeg, MB R3J

1N6 Phone: (204) 947-2227 Ext 2

Toll Free: 1-888-947-6222

Fax: 204-947-9446

Email: programnhfi@naccmanitoba.com

Chicken Program Annual Application

Apply by **March 31**. This allows time for pre-approval before ordering chicks in May. NACC will review applications and set budgets per household, based on NHFI funding each year.

Maximum budget per applicant: \$

Applicant Information

Full name:

Community:

Mailing address:

Home/work phone:

Cell phone:

Email:

Cheque payable To:

Notes:

Training and Experience

Do you have experience raising chickens? If yes, how many years?

& Yes # Years:

& No

Do you have experience butchering chickens?

& Yes

& No

Would you like to take a Food Handlers Course? If yes, for how many people?

& Yes # Participants:

& No

Would you like to work with a Poultry Mentor for support?

& Yes

& No



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Do you know a local experienced mentor?

& Yes

Mentor

name:

Mentor phone:

& No

Funding Request

Indicate the section you're applying for and the amount of funding requested.

\$ Total funding amount requested: Section A + Section B \$

(Office use only) Total amount approved: \$

Section Details

Please provide information for each program selected above.

Section A: Chicks and feed

Vendor or Hatchery	Purchase & pickup date	# Chicks	Cost / item	Total cost
TOTAL				



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Section B: Equipment, supplies, and repairs

Do you have a chicken coop (s)?

& Yes, # of producers/coop:

& No, # of producers without coop:

Does existing coop require repairs to pest/weather proof?

& Yes, # in need of repair:

& No

Is the existing coop 'All-Seasons,' i.e. winter insulated (applicable only for layer birds)?

& Yes

& No, in need of winterization supplies & insulation for layer birds

Itemized details of planned purchase	Quantity	Unit Price	Total Cost
TOTAL			



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Chicken Program Agreement

This Agreement must be signed and returned with the application.

- Costs that occurred prior to project approval are not eligible for funding or reimbursement.
- Proof of purchase or payment is required for all eligible assistance.
- Cheques for reimbursements will be made payable to the name of the Applicant as indicated on the application form.

Applicant Agreement

By signing this form, I agree to:

- Submit receipts once only by email or fax, no later than September 15.
- Carry out program activities within the assigned NACC Northern Healthy Foods Initiative (NHFI) boundary.
- Ensure Coop structure, animal welfare and legal requirements, including local by-laws.
- Provide NACC information necessary to the project including premises access (to staff of NACC and persons authorized by NACC) for evaluation, demonstration, audit and public information purposes upon request.
- Complete annual program reports and submit with photos of chicken coops, birds, participants and butchering.
- Give back to my community by sharing poultry meat with others.

SIGN AND KEEP A COPY FOR YOUR RECORD

Print

Name(s):

Date:

Signature:



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Photo Permission

I give permission for NACC and partners of the Northern Healthy Foods Initiative to use photographs taken of me, and my children listed on this form, for the purposes of publication, display, articles, promotions, websites, social media and visual presentations without payment or compensation to me.

I understand that these photos may be used to tell the story of northern Manitoba communities taking action and leading efforts to improve food security, community development, youth and senior engagement, and population health. By signing this form, I confirm that I am over 18 years of age and/or a guardian of the participant(s).

Date:

Signature:

OR Check here: for NO PHOTOS